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20792 7590 05/20/2004

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Shawna Cannon Lemon, #53,888 (Depositor's name)
[Signature] (Signature)
July 21, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/054,796	01/23/2002	Emmanuel C. Opara	5405.223IPDV	4935

TITLE OF INVENTION: MICROENCAPSULATED PANCREATIC ISLET CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NAFF, DAVID M	1651	435-178000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Myers Bigel Sibley
2 & Sajovec
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Duke University

Durham, NC

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0220 (enclose an extra copy of this form).

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07/21/04

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07/23/2004 HDEHESS2 00000175 10054796

01 FC:2501

665.00 OP

02 FC:1504

300.00 OP

03 FC:8001

30.00 OP

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